



# City of Auburn

## Owner-Occupied Rehabilitation Program



### Program Interest Form

Persons interested in obtaining an application packet for the City of Auburn Owner-Occupied Rehabilitation Program are invited to complete this form and submit it to the address provided below.

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Name of Co-Applicant: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **Applicant Race/Ethnicity** (For statistical purposes only)

##### **RACE**

- |  |   |
|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaska Native AND White               |
| <input type="checkbox"/> Black/African American                    | <input type="checkbox"/> Black/African American AND White                         |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Asian AND White  |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian/Alaska Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____  |

##### **HISPANIC/LATINO ETHNICITY:** ☐ Yes ☐ No

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban                        |
| <input type="checkbox"/> Yes, Puerto Rican    | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

Age of Applicants' children that will live in the home: \_\_\_\_\_

Ages & relationships of all other persons living in the home: \_\_\_\_\_

Will there be any persons with a disability living in the home? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

Number of people in household? \_\_\_\_\_

Income of **ALL** persons living in the home (specify total **MONTHLY** amount): \$ \_\_\_\_\_

Names of Employers for all members of household: \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Signature of Co-Applicant: \_\_\_\_\_

#### **City of Auburn 2011 Income Limits Owner-Occupied Rehabilitation Program**

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$42,100	\$48,100	\$54,100	\$60,100	\$64,950	\$69,750	\$74,550	\$79,350

##### **Submit this form to:**

City of Auburn; Community Development Department; 1225 Lincoln Way; Auburn, CA 95603  
Phone: (530) 823-4211 ext 0 Fax: (530) 885-5508

----- For office use only -----  
Date Application mailed: \_\_\_\_\_

If not qualified - Reason: \_\_\_\_\_